



04-11-03

GAV 1632

AMENDMENT TRANSMITTAL LETTER				DOCKET NUMBER: 66654-693 (P-LJ 5101)
SERIAL NO: 10/024,450	FILING DATE: December 17, 2001	EXAMINER: Q.J. Li	GROUP ART UNIT: 1632	
INVENTION: METHODS OF DETECTING AND TREATING MICROSATELLITE- INSTABILITY POSITIVE TUMORS USING RIZ				

TO COMMISSIONER FOR PATENTS

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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DATE OF DEPOSIT: April 11, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Mary Begalla
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

Mary Begalla
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to Restriction Requirement,
mailed March 11, 2003, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	23	-	23	-	0	x \$9	\$18	= \$0
INDEPENDENT CLAIMS	2	-	3	-	0	x \$42	\$84	= \$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES		XX NO	\$140	\$280	= \$0	\$
					TOTAL ADDITIONAL FEE		\$0	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

— Please charge my Deposit Account No. 03-0370 the amount of \$ _____. A duplicate copy of this sheet is enclosed.

Inventors: Huang and Chadwick
Serial No.: 10/024,450
Filed: December 17, 2001
Page 2

— A check in the amount of \$ _____ is enclosed, \$ _____ of which covers the fee for a _____ -month extension of time.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Pamela M. Guy
Pamela M. Guy
Registration No. 51,228
McDermott, Will & Emery
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001